

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091646852

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	#	#
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1						
2	1		Cancelad						
3									
4	1		1						
5	4		1						
6	1		1						
7	1		1						
8	1		1						
9	1		1						
10	1		1						
11	1		1						
12	1		1						
13	1		1						
14									
15	1		1						
16	1		1						
17	1		1						
18	1		1						
19									
20	1		1						
21	1		Cancelad						
22	1		Cancelad						
23			18						
24	1		18						
25	1		18						
26			18						
27									
28									
29									
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40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.			1						
TOTAL DEP.		1	90						
TOTAL CLAIMS		91							
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831